

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-375)

SERIAL NO.

10/501888

FILING DATE

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APPLICANT(S)

CLAIMS

1	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.			IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/								51					
2		/							52					
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50									100					
TOTAL IND.	1	↓		↓		↓			TOTAL IND.	↓		↓		↓
TOTAL DEP.	8	←		←		←			TOTAL DEP.	←		←		←
TOTAL CLAIMS	9								TOTAL CLAIMS					